

LG500 City or County Annual Report, Lawful Gambling Regulatory Tax

By March 15 mail or fax to: Gambling Control Board 1711 W. County Road B, Suite 300S Roseville, MN 55113	FAX: 651-639-4032 Questions? Call 651-539-1900.
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Name of city or county [may not be township]	This report is for calendar year 20 _____
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Street	City	MN	Zip code
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Financial Information, Lawful Gambling Tax [Minn. Stat. 349.213, Subd. 3]

1. Tax rate Rate may be up to 3% of gross profits; may not be a variable rate.	1. _____ %
2. Fund balance , if any, as of December 31 of previous calendar year. If none, enter O.	2. \$ _____
3. Interest earned , if any, on fund balance for the calendar year.	3. \$ _____

4. List licensed organizations and tax amounts received.
NOTE: Do not include amounts received for:

- any voluntary contributions made by an organization, or
- any contributions mandated by ordinance for a 10% fund, if any.

Name of licensed organization
Tax amount paid

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Enter total tax amount collect on line 4 4. \$ _____

5. Subtotal. Add lines 2, 3, and 4 5. \$ _____

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Name of city or county _____

Expenditures - Payee/Recipient Information
5. Amount from line 5, page 1 **5. \$** _____

6. Expenditures made from general tax fund for lawful gambling regulation.

 Do not include any **general fund** expenditures made for regulation.

6. \$ _____

7. Refunds issued, if any, to licensed organizations.

Name of licensed organization	Amount refunded
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Line 7 total \$ _____

8. Subtotal. Add lines 6 and 7 **8. \$** _____

9. Total year-end balance on December 31. Line 5 minus line 8 **9. \$** _____

10. Describe how the funds were used or will be used to regulate gambling in your jurisdiction.

☐ Site inspections of lawful gambling activity
☐ Site inspections to ensure illegal gambling not conducted
☐ Compliance reviews
☐ Corrective actions
☐ Other. Provide explanation. _____

Acknowledgment

☐ I am the official responsible for the financial reporting of the restricted fund, as authorized by Minn. Stat. 349.213, Subd. 3.
☐ I am aware of restrictions under Minnesota law on expenditures from this fund and affirm that direct expenditures are related to the regulation of lawful gambling and that indirect expenditures are allocated in a manner consistent with generally accepted accounting principles.
☐ I have reviewed this report and affirm that the revenues, expenditures, and fund balance reflect the fund activity during the calendar year reported and is a true, correct, and complete report.

Signature of city or county official _____

Title _____

Date _____

Print name _____

Phone number _____

E-mail address _____

Data privacy. The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.